

**COPY**Attorney's Docket No. **5800-13B (35800/238853) MPI98-089CP2M****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Glucksmann, Maria A., et al
Application No.: 09/964,008 Group No.: 1646
Filed: September 26, 2001 Examiner: O'HARA, EILEEN B.
For: 15625 RECEPTOR, A NOVEL G-PROTEIN COUPLED RECEPTOR

Commissioner for Patents
Washington, D.C. 20231

CHANGE OF ATTORNEY DOCKET NUMBER

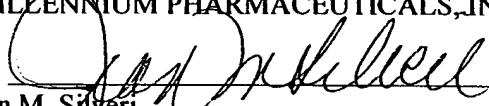
Dear Sir:

Please note that the Attorney Docket Number has been changed from **5800-13B (35800/238853)** to **MPI98-089CP2M**. Please reference **MPI98-089CP2M** on all future correspondence.

Respectfully submitted,

April 3, 2003

MILLENNIUM PHARMACEUTICALS, INC.

By 
Jean M. Silveri
Attorney/Agent for Applicant
Registration No. 39,030
75 Sidney Street
Cambridge, MA 02139
Telephone - 617-679-7336
Facsimile - 617-551-8820

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

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Sean Hunziker/Carolyn Willey

(type or print name of person certifying)

Date: April 3, 2003

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COPY**PATENT**Practitioner's Docket No. 5800-13B (35800/238853) (MPI98-089CP2M)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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 Application No.: 09/964,008 Group No.: 1646
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 For: 15625 RECEPTOR, A NOVEL G-PROTEIN COUPLED RECEPTOR

Commissioner for Patents
 Washington, D.C. 20231

REVOCATION TRANSMITTAL

1. Transmitted herewith for this application is:
 - a. This Transmittal (2 pages);
 - b. Revocation of Prior Power of Attorney and Appointment of New Power of Attorney (2 pages); and
 - c. Change of Attorney Docket Number (1 page)

STATUS

2. Applicant is other than a small entity.

FEE DEFICIENCY

3. If any additional extension and/or fee is required, charge Account No. 501668.
 If any additional fee for claims is required, charge Account No. 501668.

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Sean Hunziker
 (type or print name of person certifying)

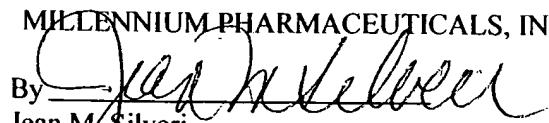
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Practitioner's Docket No. 5800-13B (35800/238853) (MPI98-089CP2M)

April 3, 2003

MILLENNIUM PHARMACEUTICALS, INC.

By


Jean M. Silveri

Registration No. 39,030

75 Sidney Street

Cambridge, MA 02139

Telephone – (617) 679-7336

Facsimile – (617) 551-8820

COPY

Attorney Docket No.: 5800-13B (35800/238853) (MPI98-089CP2M)



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HEREON ACKNOWLEDGES THE FILING OF:

Description of Paper* and No.: Transmittal Letter (2 pages); Revocation of Prior Powers of Attorney and Appointment of New Power of Attorney (2 pages); Change of Attorney Docket Number (1 page); and this return postcard.

Name of Applicant(s): Maria A. Glucksmann et al.

Intf. Or Serial No.: 09/964,008

Title: 15625 RECEPTOR, A NOVEL G-PROTEIN COUPLED RECEPTOR

Attorney/Agent: Jean M. Silveri

Date: April 3, 2003

*with Certificate of Express Mailing No.: EV292721934US

Attorney Docket No.: 5800-13B (35800/238853) (MPI98-089CP2M)

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Intf. Or Serial No.: 09/964,008

Title: 15625 RECEPTOR, A NOVEL G-PROTEIN COUPLED RECEPTOR

Attorney/Agent: Jean M. Silveri

Date: April 3, 2003



*with Certificate of Express Mailing No.: EV292721934US

United States of America

OPIE OCT 8 2004
PATENT & TRADEMARK OFFICE



EV 292721934 US

COPY

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Label 11-F: June 2002

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UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code <i>02142</i>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <i>4 3 03</i>	Postage <i>\$ 13.65</i>	
Mo. Day Year <i>4 05</i>	Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight <i>2.6</i> lbs. <i>0.25</i> ozs.	Int'l Alpha Country Code	COD Fee <input type="checkbox"/> Insurance Fee <input type="checkbox"/>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>OP</i>	Total Postage & Fees <i>\$ 13.65</i>

CUSTOMER USE ONLY
METHOD OF PAYMENT: *X022152*

Express Mail Corporate Acct. No.

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>APR 22 2004</i>
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>APR 22 2004</i>
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>APR 22 2004</i>

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT) *Jean M. Silveri* PHONE: *617 679 7336*

MILLENNIUM PHARMACEUTICALS INC
75 SIDNEY ST
CAMBRIDGE MA 02139-4134

MPI98-089CP2M

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Date In <i>4 3 03</i>	Postage <i>\$ 13.65</i>	
Mo. Day Year <i>4 05</i>	Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight <i>2.6</i> lbs. <i>0.25</i> ozs.	Int'l Alpha Country Code	COD Fee <input type="checkbox"/> Insurance Fee <input type="checkbox"/>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>OP</i>	Total Postage & Fees <i>\$ 13.65</i>

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DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>APR 22 2004</i>
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>APR 22 2004</i>
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>APR 22 2004</i>

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Practitioner's Docket No. MPI98-089CP2M

1646
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Glucksmann, Maria A. et al.
Application No.: 09/964,008 Group No.: 1646
Filed: September 26, 2001 Examiner: O'Hara, Eileen B.
For: 15625 RECEPTOR, A NOVEL G-PROTEIN COUPLED RECEPTOR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

OCT 15 2004

TRANSMITTAL

TECH CENTER 1600/2900

1. Transmitted herewith for this application is/are:
 - a. This Transmittal (3 pages - in duplicate);
 - b. Transmittal of Supplemental Information Disclosure Statement (3 pages – in duplicate);
 - c. Supplemental Information Disclosure Statement (2 pages);
 - d. Forms PTO/SB/08A and PTO/SB/08B (2 page);
 - e. Copy of 2 references;
 - f. Copy of the Revocation of Prior Powers of Attorney and Appointment of New Power of Attorney, copy of Change of Attorney Docket Number, copy of Revocation Transmittal, copy of postcard, and copy of Express Mail Label No. EV292721934US all filed April 3, 2003 (7 pages); and
 - g. Return Postcard.

STATUS

2. Applicant is other than a small entity.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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Signature

Date: October 5, 2004

Sean Hunziker

(type or print name of person certifying)

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Practitioner's Docket No. MPI98-089CP2M

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a _____ month extension:

Fee: \$0.00

Extension fee due with this request \$0.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	
Total	0	Minus	Rate
0	0	=	\$18.00 = \$0.00
Indep.	0	Minus	Rate
0	0	=	\$86.00 = \$0.00
First Presentation of Multiple Dependent Claims	0		\$290.00 = \$0.00
		Total Addit. Fee	\$0.00
		Total additional fee for claims required	\$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.
If any additional fee for claims is required, charge Account No. 501668.

Practitioner's Docket No. **MPI98-089CP2M**

7. Correspondence Address

Direct all future correspondence to:

Customer Number 30405

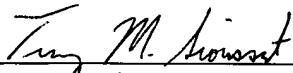
OR

Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
40 Landsdowne Street
Cambridge, MA 02139

October 5, 2004

MILLENNIUM PHARMACEUTICALS, INC.

By



Tracy M. Sioussat

Reg. No. 50,609

40 Landsdowne Street

Cambridge, MA 02139

Telephone – (617) 374-7679

Facsimile – (617) 551-8820



Practitioner's Docket No. MPI98-089CP2M

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Glucksmann, Maria A., et al.		
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

OCT 15 2004

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TRANSMITTAL OF SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

**IDENTIFICATION OF TIME OF FILING THE ACCOMPANYING
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

The information disclosure statement submitted herewith is being filed:

Within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office action on the merits, whichever event occurs last. 37 C.F.R. section 1.97(b).

OR

After three months of the filing date of this national application or the date of entry of the national stage as set forth in Section 1.491 in an international application or after the mailing date of the first Office action on the merits, whichever event occurred last but *before* the mailing date of either:

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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Practitioner's Docket No. MPI98-089CP2M

- (1) a final action under Section 1.113,
- (2) a notice of allowance under Section 1.311, or
- (3) an action that otherwise closes prosecution in the application

whichever occurs first.

Accompanying this transmittal is the fee set forth in 37 C.F.R. Section 1.17(p) for submission of an information disclosure statement under Section 1.97(c). (\$180.00).

Each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. 37 C.F.R. Section 1.97(e)(1).

No item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application and to the knowledge of the person signing the statement after making reasonable inquiry, was known to any individual designated in Section 1.56(c) more than three months prior to the filing of the information disclosure statement. 37 C.F.R. Section 1.97(e)(2).

OR

The information disclosure statement transmitted herewith is being filed *after* a final action under Section 1.113, or a notice of allowance under Section 1.311, whichever occurs first, but before, or simultaneously with, the payment of the issue fee.

In accordance with the requirements of 37 C.F.R. Section 1.97(d):

A. Accompanying this transmittal is the fee set forth in 37 C.F.R. Section 1.17(p) for submission of an information disclosure statement under Section 1.97(c). (\$180.00).

B. Each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. 37 C.F.R. Section 1.97(e)(1).

C. No item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application and to the knowledge of the person signing the statement after making reasonable inquiry, was known to any individual designated in Section 1.56(c) more than three months prior to the filing of the information disclosure statement. 37 C.F.R. Section 1.97(e)(2).

FEE PAYMENT

3. The fee due is set forth in 37 C.F.R. Section 1.17(p) for submission of an information disclosure statement under Section 1.97(c) (\$180.00).

Applicant believes no fee is due in connection with this submission.

	Fee due	\$0.00
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METHOD OF PAYMENT OF FEE

4. Attached is a check in the amount of \$ _____.

<input type="checkbox"/> Charge Account No. 501668 in the amount of	\$0.00	.
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A duplicate of this request is attached.

If any additional fees are due, please charge Account 501668.

<u>October 5, 2004</u>	MILLENNIUM PHARMACEUTICALS, INC. By  Tracy M. Sioussat Reg. No. 50,609 40 Landsdowne Street Cambridge, MA 02139 Telephone – (617) 374-7679 Facsimile – (617) 551-8820
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